

CITY OF ST. PAUL

OFFICE OF LICENSE, INSPECTIONS AND ENVIRONMENTAL PROTECTION 350 ST. PETER STREET, SUITE 300 ST. PAUL, MINNESOTA 55102-1510

DEMOLITIONPERMIT APPLICATION

Number Street Name PROJECT ADDRESS	St. Ave. Blvd.	Etc. N S	E W	Building Name	Date
Contractor Address City		(Permit will be mailed to the Contractor's Address.)		Phone	
(Include Contact Person)	State, Zip+4				
Property Owner	Address				Phone
	City				
(Include Contact Person)	State, Zip+4			_	
Current (or last) Use of	Estimated Sta	art Estir	nated Finish	ESTIMATED VALUE OF PROJECT	
Property being demolished:				Ф	
		C4 c4	C!	\$	
Residential Garage Co	mmercial	Structure Size			
Residential Garage Co.	Innerciai			TOTAL CUBIC FEET	
	$ _{\mathbf{w}}$	idth Leng	th Height		
Enter # of Units				Cross Street:	
to be Wrecked				Does the Structu	re have a Basement?
					or No
What is the Contract Stan	al?		Property ID Number (PIN)		
1)Total Removal 2)Two (2) Feet 3)One(1) Foo Grade	4)Otl Area)	_	the Comment		
Authorization	C	omments:			
Applicant certifies that all information is correct and that all					
pertinent state regulations and city ordinances will be complied					
with in performing the work for which this permit is issued.					
Applicant's Signature Date		-			
Sign Offs Required Office Use O				SUMMARY OF FEES	
, and the second	ilability Credit	FAX I	[?]		¢.
City Hall Annex (See Plan Ex	aminer for SAC)			ermit Fee \$	
(See Trail Ext	annier for Brie)			nimum \$42.00)	
		faxed to you?		ck for Fee Schedule	
Number of Credit	s Receipt #				
G D (25 4th G) XX 5th Fl XX 1	- ·				
1	Preservation			eck Payable to the City of Saint Paul	
City Hall Annex 350 St. Pete	r St., Suite 300	Yes	If ves.	enter your fax number here:	
				J = === ===	
Required	Approved	No			
Required	прргочец				
App	oroved	PAYMI	ENT MAY	BE MADE BY C	REDIT CARD!
,	nination	1			
Commerce Building	mation	If paying by	credit card, ple	ease complete the foll	lowing information:
			7 1	1	S
		MasterCard			
Enter Account Number		1720		Expiration Dat	e:
Enter Account Number:			VISA		
				Signature of	f Card Holder required for
					all charges.
Please Sign & Date					
	Please Sig	gn & Date			

If you are paying for your permit by MasterCard or Visa, you may fax your application.

The credit card information section must be filled in and signed.

Our FAX number is 651-266-9124

If paying by check, please mail the application and the check to us.

Effective 7/31/95

INSTRUCTIONS FOR DEMOLITION / WRECKING PERMITS

FEES

Wrecking of buildings or sturcture. Three dollars (\$3.00) per one thousand (1,000) cubic feet or fraction thereof, minimum \$42.00.

Building Inspectors are in the office for inspection requests between 7:30 AM - 9:00 AM, Monday - Friday. Phone number is 651-266-9002.

Permit Fee Information can be obtained by calling 651-266-9090, Monday - Friday, 7:30 AM - 4:30 PM,.